

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018464

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 3 1963

1. PLACE OF DEATH

a. COUNTY **St. Louis**

b. CITY (If outside corporate limits, give TOWNSHIP only).
OR
TOWN **Pine Lawn**

Length of stay in 1b
3 1/2 Months

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Shamrock Nursing Home
3709 Manola**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission).
a. STATE **Mo.** b. COUNTY **St. Francois**

c. CITY
OR
TOWN **Farmington**

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS (If outside, give location).
State Hospital

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

First
Josephine

Middle
--

Last
Burkard

4. DATE
OF
DEATH

Month
April

Day
15

Year
1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
9-23-1895

9. AGE (last birthday)
67

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired).
Nil

10b. KIND OF BUSINESS OR INDUSTRY
none

11. BIRTHPLACE (City and state or country).
St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY
U S A

13a. FATHER'S NAME

Fred Grompe

13b. MOTHER'S MAIDEN NAME

Theresa Harkert

14. NAME OF HUSBAND OR WIFE

Charles

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of.)
No

NO.

17. INFORMANT

Address

Ann Grompe 330 Hoffmeister ave.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

unknown

DUE TO (b)

Cardiac decompensation

unknown

DUE TO (c)

Arteriosclerotic Heart disease

unknown

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).

Anemia of unknown etiology

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour
a.m. p.m. Month, Day, Year:

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **Dec 27, 1962** to **April 15, 1963** and last saw her **4/15/63**
Death occurred at **10.35 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James Littmann MD

22b. ADDRESS

8231 Clayton Rd (17)

22c. DATE SIGNED

4/17/63

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE
4-19-1963

23c. NAME OF CEMETERY OR CREMATORY
Mt. Olive Cemetery

23d. LOCATION (City, town, or county)
3900 Mt. Olive St.

(State)

24. FUNERAL DIRECTOR
G. Hoffmeister Mortuaries
7814 S. Broadway

ADDRESS

25. DATE RECD. BY LOCAL REG.

4-17-63

26. REGISTRAR'S SIGNATURE

John B. Murphy MD

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300

Rev. 4/59

1 4036

2 0940

3

4 1

5 1

6

7 0

8 2

9 4200

10

11

12 86-0

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Linus E. Hoffmeister*

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Dr. Linus Hoffmeister 8231 Claydon Rd
2:30 to 5 PM PA 7-0202